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GLOBAL PROGRAMME ON AIDS

MANUAL OF GROUP INTERVIEW TECHNIQUES TO ASSESS THE NEEDS OF PEOPLE WITH AIDS

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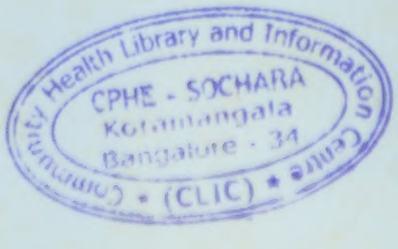

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Introduction

Why use group, rather than individual, interview techniques?

Programme planners and managers who need information often think of doing surveys and individual interviews. Yet all people live in communities, and form ideas and attitudes in relation to other people around them. Group interview techniques allow you to assess opinions and beliefs in a more natural setting than the individual interview provides. Opinions expressed in group interview settings can be more accurate than those expressed in surveys, and participants have the opportunity to react to the opinions of others. This point of view helps you to learn how people feel about an issue, and how their feelings may affect their behaviour.

Helping people with AIDS requires a thorough understanding of behaviours and attitudes that are extremely complex and private, and of the social and cultural context in which these behaviours take place. Group interview techniques allow you to investigate in depth the feelings, beliefs and attitudes of individuals and communities in a non-threatening way which encourages elaboration of ideas and the opening up of new perspectives.

Group interview techniques offer you a number of advantages—

Cost— They are relatively inexpensive.

Time —You can conduct them rapidly. Results are available quickly, without detailed statistical analysis or the need for computers.

Personnel—People from a range of backgrounds can learn to conduct group interview techniques in a few weeks of training, study and practice.

What are focus groups and ranking groups?

Focus Groups enable you to understand the beliefs, concerns and experiences that determine human behaviour. This group interview technique brings people together to discuss one well-defined topic in depth.

Ranking Groups allow you to see how people (the intended beneficiaries of a programme) rank their most pressing problems and how other people (the providers) rank their most important resources. This group interview technique is used in needs assessment, in identifying problems and finding the resources that can be mobilized to solve these problems.

Both can help you to assess the needs of people with AIDS, their households, and their support institutions. The differences in method and results between Focus Groups and Ranking Groups are summarized below—

Focus Groups

Leaders
A moderator and a reporter

Time
2 hours or less per group

Participants
Groups of 7 to 9 people who have similar backgrounds. For example—age, sex, or occupation

Method
People express their ideas and opinions in a discussion with others from similar backgrounds. A moderator guides participants through a series of questions of increasing difficulty and detail. The exchanges among participants and the prompting of the moderator encourage people to discuss issues in depth. A reporter records the conversation of the participants.

Results
A written report summarizing the group discussion. Quotes from the participants are used to help readers understand the participants' points of view.

Ranking Groups

Leaders
A group leader

Time
2 hours or less per group

Participants
Groups of 5 to 6 people from similar or different backgrounds

Method
Ranking Groups provide a setting for people to define problems in their community, as well as possible solutions to those problems. The group leader asks participants to present their ideas one by one. People in the group work together to rank problems and solutions in order of their importance.

Results
- A list of the most pressing problems of a community (or most likely solutions), ranked in order of importance; and
- a discussion of the items listed.

What can you do with group interview techniques?

In order to plan programmes that will be effective and appropriate, you may need very specific kinds of information. Group interview techniques allow you to—

Define training needs

Interviews with groups can help you identify the needs of people who are HIV- positive, people with AIDS, and those caring for them, and the training needs for health staff. Information from such interviews can help you to improve existing programmes or design new ones.

Collect information about programme organization

You can use group interview techniques to collect information from administrators and participants about the organization of programmes. The group setting permits you to receive a more in-depth description of organizational strengths and weaknesses than might be expressed in an individual interview.

Assess needs for social support

Group interviews can help you identify and assess the particular needs for legal advice, income assistance, domestic help, or other social needs of people with AIDS in specific geographical areas, or in specific categories (according to ethnic group, age, sex, family structure, or occupation).

Assess availability of services

Group interviews are a rapid way to learn how existing health and welfare services are perceived by the community, and whether they are seen as useful. They can help identify unmet needs. They can also identify services which could be redesigned to better meet existing needs.

Identify and rank possible responses

Group interviews can help you to identify both the problems that are important to community members and the resources which can be mobilized for their solution. You can learn how various target audiences would evaluate various programme responses that you are considering. You can explore what people would suggest you do to help them, and how they rank their own suggestions.

Identify and rank potential sites for programmes

Planners sometimes need to categorize areas within districts into areas deserving specialty AIDS care versus more general primary care. Group interviews with local health providers can help create these categories easily, and can even suggest unanticipated but important new categories.

Using this Manual

Who is this manual for?

This manual is written primarily for personnel at the district level who manage AIDS prevention and care programmes. If you supervise staff who work with AIDS patients or their families, then this manual is for you. It contains information useful to those at the district level in a branch of a ministry of health, a hospital or health centre, a nongovernmental organization, or a private health facility.

What will it teach you?

Managers, supervisors, planners, and administrators have to define problems, assess needs, and identify activities to meet needs or solve problems. This manual focuses on gathering information about the content and quality of care that people with AIDS receive. Such information might include evaluating needs for discharge planning, home health care, or in-service training for palliative care or counselling. The manual describes Focus Groups and Ranking Groups, two simple types of group interview techniques which can rapidly provide you with information useful for making decisions. It discusses when to use these techniques, and tells you step by step how to undertake and analyse them.

How should you use it?

This manual is designed to show you how group interview techniques may assist you to plan and manage programmes. It is divided into this **Introduction**, a section called "**Focus Groups**," and a section called "**Ranking Groups**". You may want to read the entire manual to familiarize yourself with these group-based assessment techniques. Or you may prefer to familiarize yourself with only one of the methods. The manual is a practical guide to help you to organize these groups. It can be used to accompany a training course in needs assessment techniques or group interview techniques.

Each section contains a description of each method; step-by-step guides to performing the method; examples, and exercises containing sample forms which you can use to develop your own group interviews.

Focus Groups

Focus Groups : An Introduction

As the name suggests, Focus Groups bring people together in a group to discuss one well-defined topic in depth. A focus group typically includes 7 to 9 participants from a group that is of some interest to the programme manager (for example, parents who take care of people with AIDS at home). A moderator guides people in the group to discuss a series of major questions within a selected topic.

Only 10 to 15 major questions are asked during a group session that lasts two hours or less. In the beginning, the moderator asks introductory questions to help the participants feel comfortable. Later, more difficult questions are asked, and the topic is explored in greater detail. The moderator asks additional questions to learn exactly what people mean by their statements. By the end of the group session the moderator should have a good idea of how the participants think and feel about the topic. The moderator also has some idea about how their opinions influence their actions.

Groups that are working well have conversations that flow easily. The first job of the moderator is therefore to create an open, supportive, and non-judgemental environment. The aim is to get everyone to talk, but not to let anyone talk too much. The moderator adds energy and enthusiasm to the group if it is too quiet, and adds order to the group if it is too noisy or confusing. The moderator encourages participants to react to each other's statements, discuss their opinions, and, if appropriate, disagree with one another. The moderator also carefully probes the participants' ideas and feelings. One person's comment will bring up memories and new associations in other people's minds. This is why it is important for a moderator to be attentive and listen carefully. A moderator must be able to react quickly to people's comments, and sometimes change the order of his questions to allow people to converse more naturally. The conversation should be allowed to continue until the research question has been explored in detail.

Focus Groups are different from informal group discussions because conversation is guided by the moderator and because the proceedings of the session are written down by a reporter. These notes, and often a tape recording of the session, are used after the session to analyse and describe what has taken place. The findings are presented in short reports summarizing people's responses to the moderator's questions during the session. The findings are used to understand the beliefs, concerns, and experiences of people in the group being studied.

1. A Focus Group in a Hospital with Female AIDS Patients. Examples of Questions and Answers

Moderator: Can you tell me what your reaction was immediately after being told what your illness was?

Jessica: I just listened, what else could I do?

Anne: I was upset with what the doctor said that with this disease you won't last long unless you avoid promiscuous behaviour.

Moderator: Why do you think the doctor said that?

Anne: I'm not sure, people like to judge others and they like to think that if you get AIDS, it's because you're "bad".

Moderator: What do you think?

Anne: I used to think like the doctor. But now I know anyone can get HIV. And I've been with the same man now for 5 years. You shouldn't judge people.

Moderator: Who have you told about your diagnosis?

Jessica: The doctor said that I should only tell it to a relative whom I trust. Otherwise I should just keep it to myself.

Joyce: The hospital told my mother and my mother told me. I have not told anyone.

Moderator (to Jessica): Have you told any relatives?

Jessica: I told my husband and my sister. Now my husband cooks by himself because I am here in the hospital.

Moderator: How about the rest of you? What effects has this illness had on your family?

Mary: I am unable to serve my family like I used to before. Now there is no happiness anymore like there used to be.

Advantages and limitations

The Focus Group has several advantages over surveys of individuals. First, Focus Groups allow people to discuss the topic in their own words. A moderators is less able to force her/his own ideas on the group than an interviewer is in a one-to-one interaction with the interviewee. Unlike community surveys, where the first response is often considered to be "the answer", the group discussion allows different opinions and ideas to unfold. A typical focus group answer consists of a series of opinions from different participants that represent the range of ideas and perceptions in the group. This quality makes Focus Groups particularly suited to exploring complicated problems involving people's emotions, beliefs and values.

Advantages and Limitations of Focus Group Research

Advantages	*Limitations*
❐ Inexpensive	❐ Non-representative samples
❐ Rapid	❐ Groups can be difficult to form
❐ Moderators require only a short period of study and practice before they can begin to run groups	❐ Results can be biased by the group moderator's perspective or methods
❐ Explores people's attitudes, beliefs and values in depth	❐ No frequency data
❐ Important concerns may be raised within the group that had not occurred to the organizers	

As already mentioned, Focus Groups have a few practical advantages. First, they can be conducted rapidly and at relatively low cost. Second, highly trained personnel are not required. People from a range of educational backgrounds can learn to conduct group sessions, though they need to be literate and able to express themselves well. They can learn the specific skills required to run focus groups in a short period (one to three weeks) of formal training combined with private study and practice. Moderators can usually begin to run focus groups

after training, although their skills will improve with time and practice. The quality of the discussions and the analyses will also improve as the moderator gains experience. Finally, the results of Focus Group research are easily understood by managers and programme planners. Short reports summarize the group conversations, and include quotes from the participants that help the readers grasp the findings.

Focus Groups also have a number of limitations. Because the participants in a focus group discussion are not selected on a random basis from the community, conclusions from the group do not necessarily represent the attitudes and opinions of the whole population. Focus Groups indicate the range of opinions in the group, but do not say anything about the frequency of those opinions in the overall population.

Second, Focus Groups depend on the skill of the moderator to direct the flow of the discussion and analyse the results. This problem can be minimized if you carefully prepare the interview questions, pretest them, and carefully record words and behaviour in the group session. Many problems can be avoided by a moderator who is confident and comfortable working with groups of people. Good moderators may be people with skills in social work, community education, counselling, or community outreach.

Third, selecting group participants, and gathering those participants together, can be difficult. You need to prepare and distribute invitations carefully, select a good site for the group, and be resourceful about dealing with unexpected arrivals or people who do not show up.

A note of caution

Focus Groups are becoming quite popular, and may sometimes be used when other methods of collecting information, such as interview surveys or observations, would be more appropriate.

When to use Focus Groups in the project cycle

Focus Groups have many applications in planning health programmes and projects because they tell planners about people's perceptions. With respect to projects for people with AIDS and their families, you can use Focus Groups at the following stages of planning:

❒ ***Before a project begins—***
to collect baseline (initial) data on home care

Focus Groups can be conducted with people with AIDS and their families to learn how people are coping with their situation. The purpose of these interviews is to understand the problems experienced by people with AIDS and their care givers, and to begin generating ideas for projects to assist families in providing home care.

❒ ***When changes are planned—***
to test new programmes or products

Focus Groups can be used as a pretest for new types of outreach programmes or for new educational materials. For example, managers can collect people's responses to a proposed new home care programme so that the proposal can be improved. Or planners can test new posters about condoms so that they can be modified before they are printed.

❒ ***When process evaluation is needed—***
to evaluate existing programmes

Imagine that attendance at a hospital outpatient clinic for people with AIDS drops suddenly. People who attended the clinic at some point in time are interviewed in groups to learn why they have stopped coming. This information is used to make changes in the programme so that people start to use the clinic services again.

Preparing for Focus Groups

Characteristics of a Focus Group

A typical Focus Group consists of 7 to 9 people drawn from a part of the community that will tell the planner the most about the problem that interests him. For example, a planner who wants to learn about the home care needs of people with AIDS may first invite parent(s) of AIDS patients to attend a group discussion.

Groups must be small enough for everyone to get a chance to talk. They must also be large enough to allow a good discussion of the problem among people who may have different opinions. Usually 7 to 9 people is a group large enough to allow discussion to be lively, yet

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small enough so that everybody's opinion can be heard. To compensate for people who do not show up to the group, it is usually necessary to invite 3 or 4 more people than you think you will need. If everyone shows up it may be advisable to split the group into two.

To obtain a range of opinions, you conduct interviews with different groups in the community. Usually you should conduct at least 4 to 6 groups so that different perspectives in the target population are represented. In the previous example, separate groups could be held with parents of young AIDS patients and parents of older AIDS patients. Young patients may have different needs from older patients, and their illness may have a different impact on a household.

In some situations you may want to match the sex of the moderator to the sex of the participants. Women may find it difficult to talk comfortably if a man is leading the group. Men may also be less likely to express what they really think and feel if the moderator is a woman.

Characteristics of a moderator

Much depends upon the ability of the moderator to guide Focus Group discussions. It is therefore important to think about the qualities of good moderators. First and foremost, moderators must like working with people, and must be comfortable working in groups. Focus Group sessions are often lively, and sometimes difficult to control. A moderator must be able to think quickly and respond to problems and opportunities as they arise. Interpersonal qualities are very important. Good moderators are mindful of how they present themselves to the group at all times. They must be able to listen carefully, and react with sensitivity to the many different emotions, ideas and beliefs that participants are capable of expressing in group sessions.

A good moderator is—

- ❒ open-minded and friendly
- ❒ interested and alert
- ❒ flexible
- ❒ able to maintain control
- ❒ sensitive
- ❒ involved and attentive

It may sound as if good moderators are hard to find. But the fact is that many people throughout the world have experience of working with communities and groups. Extension workers, such as primary

health care outreach workers and community educators, often have good communication skills. So do counsellors, social workers, and teachers. Many people are skilled in leading meetings, teaching, and negotiating. And as always, practical experience will improve performance. Moderators will develop skills as they continue to conduct Focus Group sessions.

Defining the topic

Only one primary topic is covered in a Focus Group. In interview surveys, many questions are asked that cover a wide range of issues. The main point of Focus Group techniques is to learn a lot about one particular issue. The moderator directs participants to explore one topic in detail that is important in order to understand a wider problem.

Defining objectives

There can be many sides to a problem. Once the main problem is selected, it is good to be very clear about exactly which issues need to be explored in order to understand the problem. Usually this is done by defining the objectives of the group interviews. Two or three objectives should be written down and discussed with those concerned.

2. A Focus Group Interview with Caregivers

A health officer needs to know more about people in his local government area with AIDS before he can plan services that will be useful to them. The health officer visited some of the health posts in his area and spoke with nurses and health assistants. Despite these visits, he still feels that he does not know how people with AIDS are cared for by their families at home, after they leave the health posts. He also suspects that many people with AIDS never come to the health posts for treatment.

Problem for research—How are people with AIDS cared for at home?

3. Setting Objectives—
Interview with Caregivers

Problem—

The district health officer has asked you to learn about how people with AIDS are taken care of at home. You meet with him to discuss his ideas. You learn that he is worried about who takes care of the person with AIDS. He wants to know about the problems that families have in caring for a sick person. But, because he is the district health officer, you learn that he is primarily interested in getting ideas about how community services can help families take care of people at home.

Statement of group objectives—

- ❒ To help understand how families take care of people with AIDS in their home
- ❒ To help understand the types of problems that people have when someone in their family has AIDS
- ❒ To generate ideas for community-based services to help families of people with AIDS

4. Setting Objectives— Interview with Nurses

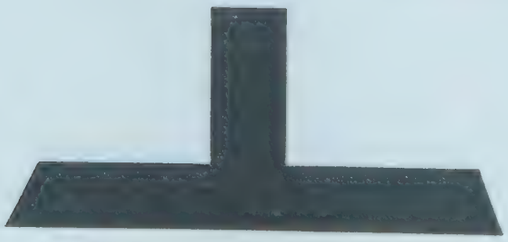
Problem—

The district AIDS coordinator wants to improve the quality of care that AIDS patients receive in the hospital. During her recent visits to hospitals in the district, she heard many complaints from nurses and their supervisors. Some nurses have complained that AIDS patients crowd the medical units, making it difficult to take care of other patients. Others say that people with AIDS avoid coming to the hospital until they are very sick, and then the hospital staff can do little for them. Many nurses are afraid that they may get AIDS from their patients. These problems make it difficult to take care of AIDS patients.

The AIDS coordinator wants to help nurses cope with the AIDS epidemic. Carefully designed in-service training may help nurses to work better with AIDS patients. What problems do nurses commonly have while working with people who have AIDS? What type of training would improve their capacity to work with AIDS patients?

Statement of group objectives—

- ❒ To help understand what forms nurses' attitudes toward AIDS patients.
- ❒ To see what knowledge and skills are needed by nurses who work with AIDS patients.
- ❒ To see how nurses respond to ideas for a training programme.



EXERCISE 1
Focus Groups — Selecting the Topic

1) Write the primary purpose for doing focus groups on the lines below:

Problem or purpose:_____

_____

_____

_____

2) Write the main objectives that you have for the focus groups on the lines below: (*Keep them short and precise*)

a) _____

b) _____

c)_____

3) Considering the objectives that you have just written, what types of people should you ask to come? (*Consider age, sex, occupation, special knowledge, experience*). Write the categories of people below. Fill out a copy of Exercise 3 for each of these categories.

_____

_____

_____

_____

EXERCISE 2
Focus Groups — Organizing a Workplan

1) Use the following estimate of time required for each activity in the focus group process:

Prepare and pretest the questions—

one week

Invitations—

must be sent at least one week before the group begins

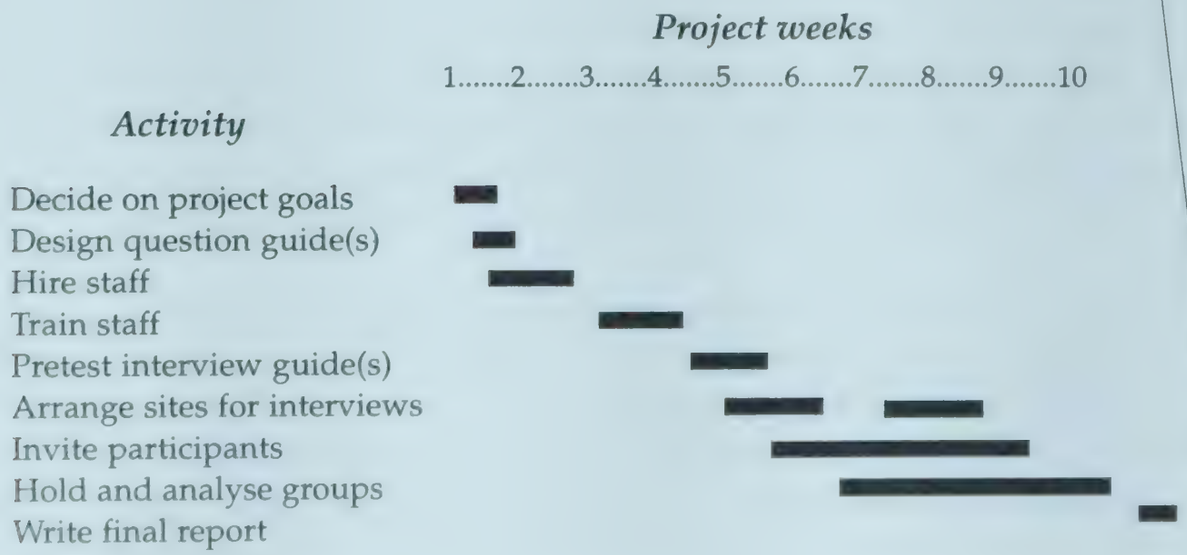
Focus groups—

one-half day to do and up to one day to analyse

Writing final report—

about three days

2) With these estimates, and your decision from **Exercise 1** about how many categories you need to include, plan how long it will take to complete your study. Try not to schedule groups any more often than every two days. Be flexible, and ready to do more groups if there is much variation in conclusions from one group to the next. The following example assumes that 12 groups will be completed, one every three days.



Selecting participants

You will need to think carefully about what kind of people should attend the group sessions. In general, people with similar characteristics feel more comfortable talking to each other. For example, young girls and boys feel more comfortable talking about sex, AIDS, or condoms when they are in single-sex groups. People are also less likely to speak openly in front of people they consider to be more important than they are. For example, villagers may not feel free to speak if their village head is present, and nurses may not feel free to speak in front of their supervisor. People you invite to a Focus Group should therefore have certain characteristics in common, for example, age, sex, occupation, or social class.

In many cases you can set a few simple rules to guide the selection of participants. For example, you may want to invite only parents or relatives of a person with AIDS, if the purpose of the project is to investigate home care for people with AIDS. It would also be useful to limit this group to those people who take care of someone in their family with AIDS directly. These selection rules would make it possible to learn specific details about how parents or relatives help people with AIDS to eat, defecate, take medication, and stay clean. You should limit the participants to people who live in the area, to avoid including temporary residents in the study sample.

Usually, the people invited to attend a group session together should not know one another. Old friendships and pre-existing relations can influence a discussion. Imagine a situation where nurses are invited to attend a group where the head nurse is present. The nurses might not be able to talk freely in front of their supervisor, especially if they have to go back to work the next morning. Some of the nurses may also be friends. If this is the case, the nurses may take sides rather than express their own opinions.

In summary, ask the following kinds of question when deciding what types of people should be invited to Focus Group sessions—

- ***In what ways should participants be similar?***

  For example: Will it affect the results of my group discussions if both men and women discuss this research topic together?

- ❒ ***How many different segments of the population should the groups represent?***

  Do the different groups capture the range of viewpoints in the community?

  Do the different groups represent all the people that are affected by the problem?

- ❒ ***Are there any special groups that should be included?***

  For example: One religious group in the community does not believe that people should use condoms. Consider holding a few Focus Groups with this special group to learn about their attitudes and beliefs about condom use.

Remember that learning whether you have covered the range of possible responses requires doing at least two focus groups in each category of participants. The number of groups required will increase rapidly with each new added category (the total becomes four if you do two groups with men and two with women; this turns to eight groups if you do two groups with younger men, two groups with older men, two groups with younger women, and two groups with older women).

An Example of Rules for Selecting Participants

- ❒ **7-9** people must participate in each group
- ❒ **A**ll participants must be female
- ❒ **H**alf the groups will be aged 30-39, and half 40-49
- ❒ **A**ll participants must take care of people with AIDS directly
- ❒ **A**ll participants must have lived in the Oldtown local government area for at least 12 months

Sometimes it may be important to relax these rules. For example, in certain communities women may not be able to attend a group session during the day because they do agricultural work. During the evening, the same women may find it difficult to come to a session alone without a friend or relative to accompany them. In this case it is more important to have women attend your group than it is to worry about how old friendships might affect the discussion. Women could be invited in pairs. Set rules that will help you have the best group possible in your situation, whatever that might be.

Use the exercise on the following page to organize and select participants.

EXERCISE 3
Focus Groups—Selecting Participants

1) Type of people to invite to the group: _____
(*from* **Exercise 1**)

2) How can you reach these people? Who might be able to contact them?

_____

_____

_____

3) What is the best place to hold a group so that these people will feel comfortable?

_____

_____

4) What is the best day of the week and time to be able to reach these people? (*consider* ***THEIR*** *work and family schedules*)

DAYS: _____ TIMES: _____

_____ _____

5) Write below a list of names of at least 12 possible participants to invite for each group to be held at a specific place and time.

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

6) Issue invitations at least one week before the group is to meet.

Writing a question guide

Questions for Focus Group interviews should be carefully prepared. In a Focus Group, the moderator guides the discussion through a series of questions that are developed before the start of the group. You should carefully prepare these questions, but you do not need special skills to write them. All you need is some common sense and some skill in talking to people.

You should prepare a question guide before conducting any group interviews. The question guide should be written by a group of people who are interested in the objectives. This group should usually include the people sponsoring the groups, technical people who are familiar with the topic or the target groups, and the moderator. It is also good to have the question guide reviewed by outside people who are knowledgeable about the topic, or who are skilled in qualitative research.

Questions for Focus Groups follow a simple format designed to get more detailed information as the group progresses. This approach is sometimes called a **funnel format**, because it begins with very broad questions, and ends with very narrow questions. In the beginning of the session, the moderator asks general questions to introduce the topic and to make people in the group feel comfortable. Open-ended questions are used which let people talk about the topic in their own words. This information is useful in learning about how people form their opinions. Later, it becomes possible to introduce more difficult topics. Moderators ask the most detailed and sensitive questions near the end of the session.

The following page explains the different stages of questioning. The research questions have been divided into four categories; introductory questions, general questions, specific questions and final questions. These categories help to illustrate the funnel approach, and can be used to develop question guides for research. Boxes 5, 6, and 7 on the following pages give three examples of question guides. Keep in mind that these main questions are not the only ones asked during the focus group. You may include additional probes and questions seeking more detail within any one of these main questions.

In some situations you may need to change the pattern of questioning. For example, in certain cultures you will need to ask a few more introductory questions to allow the participants a longer period

of time in which to become acquainted and to feel comfortable. Depending on the flow of the conversation, you may also need to change the order of the questions themselves. For example, some participants, in the natural course of their conversation, will discuss topics that the moderator had planned to introduce later in the session. The moderator should let the participants discuss the topics in their own way, even if it means changing plans.

Focus Group techniques are intended to be flexible. Adapt the question format to fit the subject matter and the population you are interested in learning about. The first job of the moderator is to listen carefully and be responsive to the needs of the group.

Question Guide

Introductory Questions—(2 to 3 main questions)

The moderator asks warm-up questions to get people talking and make them feel comfortable. These questions should direct people's attention to the types of idea that will be discussed in the session.

General Questions—(2 to 4 main questions)

The moderator asks general questions to direct people's attention to the major ideas to be explored. General questions get people to talk about these issues **in their own words**, so that the moderator can begin to understand how people think about an issue.

Specific Questions—(2 to 4 main questions)

The most detailed, difficult and sensitive questions are introduced by the moderator during this part of the session. The moderator asks for people's responses to particular ideas, suggestions, or situations. The more specific these questions are, the better the results will be.

Sometimes the moderator will give the participants an item, picture or a written list to discuss.

Final Questions—(1 main question)

The final question allows the people in the group one last chance to say something about the ideas that have been discussed. The moderator asks people to comment on the major themes of the discussion. These final questions also help to make sure that all members of the group feel that their opinions were heard.

5. Sample Question Guide for Persons with AIDS

Introductory Questions

- ❒ Each of you has probably been ill for some time before to coming to the hospital. What are your major complaints and how long have you had them?

General Questions

- ❒ If you compare your life before you got ill with your life now:
  What effects has this illness had on your ability to care for yourself?
  (**PROBE:** How has it affected your ability to earn a living?)

- ❒ What effects has this illness had on your family?
  (**PROBE:** Is there enough food in the family?
  Is there enough money to buy necessities?)

Specific Questions

- ❒ What activities could be undertaken by members of your own community to help you? What activities could be undertaken by members of your community to help your family?

- ❒ One of the things being discussed in this country is to start a programme to help people with this disease to be cared for at home.

  What kind of help would you expect from a person sent by the programme, who visits you at home?
  What would be the most important thing that that person could do for you?

- ❒ What services and supplies would be most helpful to you at home?

- ❒ How do you feel about joining a group of other people with AIDS for mutual support?

- ❒ What worries do you have for the future?
  (**PROBE:** About yourself? your partner? your children?)

Final Question

- ❒ The national slogan of the AIDS Control Programme is: "All together in the fight against AIDS". What specific contribution could you make to assist in the fight against AIDS?

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6. Sample Question Guide for Women Carers

Introductory Questions

- ❒ When someone is sick in your family, who usually takes care of them?
- ❒ Sometimes it is necessary to help a sick person with daily activities. What do you do to help the sick person?
- ❒ What are the advantages of taking care of sick people at home? Disadvantages?

General Questions

- ❒ Everybody in the group has someone in her family who has AIDS. Who helps take care of the person who is sick in your family?
- ❒ What did you do yesterday to help the person who is sick?
  PROBES: ✧ in the morning? ✧ during the day?
  ✧ during the evening? ✧ at night?
- ❒ Some days, people who have AIDS feel well. But there are times when someone who has AIDS becomes very sick. Think about the last time the person in your family who has AIDS became very sick. What did you do to help?

Specific Questions

- ❒ How do you feel about taking care of someone with AIDS?
- ❒ How has AIDS affected you and your family?
- ❒ Who do you talk to when you need information about how to take care of your relative with AIDS?
- ❒ Where can you go for help, when you and your family can't take care of the sick person alone?
- ❒ What's the hardest thing about taking care of someone with AIDS?

Final Question

- ❒ Are there any other comments that you would like to make about taking care of someone who has AIDS?

7. Sample Question Guide for Nurses

Introductory Questions

- ❒ Many of you work with patients who have chronic diseases, for example tuberculosis. What types of problem do people with chronic diseases have?
- ❒ How do you feel about working with patients with chronic diseases?

General Questions

- ❒ Think about your work with AIDS patients. I am handing out a piece of paper. I would like you to make a list on it of the problems that AIDS patients have.
- ❒ What are the emotional needs of people with AIDS?
- ❒ How do you feel about working with people who have AIDS?
- ❒ In your opinion, what type of training do nurses need most in order to improve their ability to work with people that have AIDS?

Specific Questions

- ❒ From the lists you wrote earlier, I am going to read you some of the types of problems that AIDS patients have. Think about your own work. What has prevented you from helping AIDS patients with these problems?
- ❒ The district health office is trying to develop a training programme for nurses to improve the quality of care that AIDS patients receive. In your own opinion, what training do nurses need to help them care for AIDS patients better?
  PROBES: ✧ What additions would you make to this list?
  ✧ What should not be covered in the training?
- ❒ Providing nursing care to people with AIDS can be frustrating and difficult. A training programme might help nurses deal with these emotions. What would you like to see in a training programme to help you with these problems?

Final Question

- ❒ Do you have any final suggestions or comments you would like to make about how a training programme could improve your work with people who have AIDS?

How to ask good questions

The key to a good Focus Group interview is to get people talking to each other. However, because a moderator only asks a few questions, these questions need to be worded very carefully. The way questions are asked has a great effect on the answers that people give. Although there are many ways to ask questions, a few general guidelines can help in writing questions for Focus Groups.

❒ ***Do not ask simple YES–NO questions–***

Questions that ask people only to respond with either a **YES** or a **NO** do not usually make a discussion lively. Ask questions that lead people to give more information than a simple **YES** or **NO**.

❒ ***WHY? questions do not yield good answers–***

It is often difficult for people to describe why they would do something when they are asked for the first time. This is especially true in a group setting where people have had little time to think of a good answer. It is better to ask more specific questions.

BAD QUESTION: Why don't you like the clinic?
BETTER QUESTION: How did you feel about the doctors at the clinic?

❒ ***Ask for specific information–***

How did you feel about the way the nurse talked to you?

What types of food do you feed the person with AIDS in the morning at mealtime?

Where do you wash the sick person's laundry?

Who helps you take care of the person with AIDS?

❒ ***Remind people of a specific event–***

Remember the last time you went to the AIDS Clinic. How did you feel about your treatment by the nurses?

What did you do yesterday to help the person who has AIDS in your house?

Think about the last time a health worker came to your house. What did he do?

Since maize planting, where have you taken your relative with AIDS for treatment?

❒ ***Ask people to do something—***

Can anyone SHOW ME how you would mix oral rehydration solution for an AIDS patient who has diarrhoea and dehydration?

❒ ***Include enough information—***

Include enough information so that different people can understand the question and feel that they have an answer to give.

BAD QUESTION:
Think about the last time the person with AIDS in your house became very sick. What did you do to help?

BETTER QUESTION:
Some days people who have AIDS feel well. But there are other days when someone who has AIDS feels very sick. Think about the last time the person in your house with AIDS felt very sick. What did you do?

❒ ***Use real objects and pictures—***

It is often useful to ask for people's reactions to a real object or picture. Because this asks for very specific information, these types of question are asked in the later part of the group interview.

I AM HANDING A CONDOM AROUND THE ROOM. Where is it possible to buy condoms?

I AM HOLDING UP A POSTER THAT TELLS PEOPLE ABOUT AIDS. Where have you seen this poster?

❒ ***Use lists—***

One way to get people to think about more complicated issues is to have them make a list. When doing groups with literate participants, lists are very useful, because they can contain more information than people are comfortable thinking about at the same time. You can refer to this list later in the discussion in order to include more points and encourage the participants to talk about things in greater detail. Here is an example from a Focus Group with nurses who take care of people with AIDS:

Moderator: Think about your work with AIDS patients. I am handing out a piece of paper. **I WOULD LIKE YOU TO MAKE A LIST** of the problems that AIDS patients have.

LATER:

Moderator: **IN THE LISTS YOU WROTE**, many of you mentioned that people with AIDS have a problem _____. Think about your own work. Tell me what you would do to help AIDS patients with this problem.

Pretesting

Good questions can be hard to write well the first time. As was mentioned earlier, it is a good idea to give the questions to a couple of people to read before using them. It is most helpful at first to have people who know something about the topic read them. However, you won't really know how the questions work until you have tried them out. Gather together four or five people similar to those you plan to interview, give the research questions a try, and change those that don't work well. Pretesting can save a lot of time and frustration, and can help make sure that the results of the group interviews will provide the answers that you need.

EXERCISE 4
Writing Focus Group Questions

Start with **Exercise 1**, question 2, containing your specific objective for the group.

Keeping this objective in mind, make a list of at least 10 "Specific Questions" that will help you learn about your objective.

On another piece of paper make a list of at least 10 "General Questions" that you think will help people begin to focus on your objectives.

On another piece of paper make a list of at least 5 "Introductory Questions" that are somewhat related to your main topic, are easily answered and will help people to speak.

Finally, make a list of at least 5 "Final Questions" that will help you close the meeting and give people a final chance to say something.

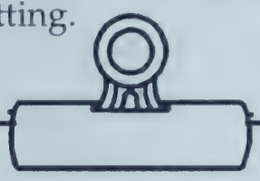
Now review these 4 lists again with other people you work with. Add new questions as they come up. Work to select the best questions from each list, then put the lists together so that you have a draft question guide containing a few introductory, general, specific, and final questions.

Talk about this list again with your co-workers and friends. Work to make the questions follow a natural order. Try the questions out on various groups and revise them again before using them in the focus group.

Probing

In a Focus Group interview, the moderator's task is not merely to read a question from the question guide. The participant's first response is not considered to be "the answer", as it often is in surveys that use closed questionnaires. The moderator tries to explore beyond the participant's first response, using short questions such as, "What did you mean..?", or "Can you explain any further..?". These questions are called **probes** because they help the moderator to probe below the surface, to learn about the attitudes and feelings that underlie the opinions that people form.

The reasons for probing are easy to understand. When people are first asked a question, they often do not reveal what they really think. It takes time for people to compose their thoughts. Furthermore, throughout our lives many social situations require that we hold back our true opinions. This common social practice can make it difficult to explore people's feelings and attitudes. One of the main responsibilities of a moderator is to get people to explore how they really think and feel in the group setting.



8. Examples of Probing

Question: How do you like the outpatient clinic for people with AIDS?

Participant: I don't like to go to the clinic.

Probe 1 **Moderator: What don't you like about the clinic?**

Participant: It takes too much time.

Probe 2 **Moderator: Too much time?**

Participant: It takes all day to go to the clinic.

Probe 3 **Moderator: What do you mean by "all day"?**

Participant: I leave my house in the early morning when it is still dark. It's a long walk to the clinic. By the time I get there the line is already out to the road. When I finally reach the desk, a sister takes my name and tells me to get in another line to see the doctor. The doctor only talks to me for a minute, then he sends me to the pharmacy where I also have to wait to get my medications. I am so tired by this time that I can barely walk home.

Box 8 contains three different types of probes that can be used to encourage people.

Probe 1: Request for more information

The simplest form of probing is when the moderator asks for more information. In the example above, the moderator asks the participant for more specific details about his dislike of the clinic: "What don't you like about the clinic?".

Probe 2: Echo questioning

The moderator repeats the main phrase from the participant's previous response, "Too much time?" This question leads the participant to expand upon what was said, without feeling pressured by the moderator. This method of probing helps the moderator to maintain an environment that is supportive, while leading the participants to reveal their opinions.

Probe 3: Exploring specific words

The moderator can ask people to define more exactly what they meant when they used certain words or phrases. In the example, the moderator asks the participant to explain what she meant when she used the phrase "all day".

Choosing and arranging the room

Focus Groups can be held in any room that is large enough to seat a circle of 10 to 12 people. Sometimes rooms in school buildings, business associations, churches, or health posts can be used. When possible, choose a room in a building not directly associated with the sponsors of the focus group. For example, it is better to hold focus groups on health issues in the school than in the health centre. Also try to avoid rooms with too many distractions, for example, rooms with windows where schoolchildren can gather, very hot or very cold rooms, or rooms in a participant's house. If you will be interviewing women who have to bring their small children, consider hiring someone to care for the children during the group meeting.

When the participants arrive, they should be seated in a circle. This type of seating arrangement makes it more difficult for a few people to dominate the discussion. The reporter for the session can be seated outside the circle of participants so as not to distract the group. If there

is a table, put name tags (first name only) in front of each participant. The moderator should choose a seat in the circle with the other participants. The moderator should never stand in front of the group or choose a seat that signals to the participants that he or she is somehow superior. This would make it difficult for the participants to discuss their ideas freely.

The Focus Group Session

Introduction of participants and statement of purpose

At the start of the session the moderator needs to make an introduction. The introduction should take only a few minutes. This introduction has five purposes:

- ❒ To introduce the moderator and the reporter.
- ❒ To present the major purpose of the group.
- ❒ To introduce the participants to each other.
- ❒ To set a few rules about how the group will run.
- ❒ To make the participants feel comfortable.

Box 9 on the next page provides an example of an introduction that works well with most groups. It is important to write down your introduction in advance. A good, thorough introduction will help the group run smoothly.

Guiding the session

The moderator plays an important role in guiding Focus Group discussions. The moderator requires some formal training, but the skills of conducting Focus Group research develop with time and practice. Group discussions can be difficult to manage, and each group is slightly different. Experience is the best teacher of group management skills.

Throughout a two-hour Focus Group session, the moderator has several tasks to perform. These tasks can be divided into three major groupings: *(1)* social tasks; *(2)* administrative tasks; and *(3)* information-gathering tasks. These responsibilities are outlined on page 42.

9. Example of Introduction and Statement of Purpose for a Focus Group

My name is _____. I work for the Ministry of Health.

I'd like to talk with you for a short while about how you take care of people in your family who have AIDS. There are no right or wrong opinions here, and I ask that everything said during this group stays in this room. Please do not speak afterward with other people about what your companions have said.

As the moderator, my job is to make sure that we talk about what we are supposed to do, and to make sure that everybody has a chance to participate in the discussion. Because it is likely that the discussion will interest everyone, my job is to make sure that everyone has a chance to speak.

As the participants, your job is to tell me what you honestly think and feel about the topics raised in our conversation. Remember, there are no wrong answers here. You are the experts here. This is our chance to learn from you, and anything you tell us will be valuable.

I would like to introduce my colleague _____. He will be taking notes throughout the session. These notes will help me remember what you said during our discussion when I am writing my report.

[Optional reminder (*use only if you are using a tape recorder*):

We are using a tape recorder to tape the session. The tape will help me remember what you said after we're through talking. I will use this tape later when I am reviewing the session and writing my report. The tape won't be used for any other purposes. The person who is helping me tape the session is _____.]

Participants' introduction:

I'd like to give you a chance to introduce yourselves. Please tell us your name and where you live. This is the only time that we will ask each of you to speak in order. After introducing yourselves, please feel free to speak whenever you have something to say, but also listen carefully to your companions. Try to take turns so that everyone has a chance to be heard.

Social tasks

- ❒ Welcomes participants
- ❒ Introduces himself, the reporter, and the participants
- ❒ Makes the participants feel comfortable
- ❒ Arranges the seating to encourage equal participation

Administrative tasks

- ❒ Keeps time
- ❒ Maintains communication with the reporter (to make communication easier, the moderator and reporter must sit so that they can see each other)

Information-gathering tasks

- ❒ Follows the question guide
- ❒ Does not allow the discussion to wander
- ❒ Probes the participants to discuss the research question thoroughly
- ❒ Makes sure that all people participate in the discussion

The moderator helps to set the tone for a discussion. Short comments and simple movements of the arms and head show people that you are truly interested in their ideas. This helps people feel comfortable and free to speak. The moderator should see that everyone in the group participates. No one should be left out of the discussion. This can become difficult when there are a few strong personalities in the group that tend to dominate the discussion. The moderator can call on quieter members of the group and encourage them to talk. As much as possible, however, the moderator should not call attention to himself or herself.

The moderator is also responsible for administrative functions. The moderator must supervise the group reporter to make sure that careful notes are taken during the group discussion. If a tape recorder is used, the machine must be set up before the start of the session, and the reporter should be instructed to make sure that the tape recorder does not stop working or run out of tape. Finally, the moderator needs

to watch the time so that all the questions can be covered during the two-hour session. It is not a good practice to run over time. The group participants' time should be respected.

The moderator is responsible for seeing that the major questions are covered. It is easy to get side-tracked into interesting discussions that say little about the chosen topic. Another major responsibility of the moderator is to urge the participants to dig deeper into the topic. The first few responses to questions can be polite and unthinking. Moderators should help the people in the group to really think about the questions, and to express their thoughts and feelings. This can be done by probing with short statements that focus the participants on the main question.

Audio tape recording

If a tape recorder is available, you should consider taping the Focus Group sessions. The tape recorder is usually placed in the middle of the group. Any tape recorder with a microphone that can pick up sounds within a radius of about 15 feet (5 m) can be used. Test the tape recorder before the sessions, and keep extra tapes and batteries on hand. Use 60- or 90-minute tapes, because 120-minute tapes are unreliable. Before starting the group, record the date, group number, theme, name of the moderator, and name of the reporter on each tape to be used. On finishing a tape cassette, break the safety tabs on the back to prevent accidental erasure of the tape. **Always have someone taking notes.** Tape recorders, even good ones, fail to work sometimes when you need them most.

At first, the participants may find the tape recorder distracting. This usually lasts only a few minutes, especially if the moderator explains why he is taping the session. Reassure the participants that the tapes will only be used to analyse the results of the interview. Participants' names will not appear in the report. The tapes should never be used for any other purpose.

If the tapes are stored in a clean, dry place, they can be listened to again if the need arises. For example, sometimes a reader will have a question about your written report. You should go back and listen to the tapes to sort out the problem. This will help the reporter stick more closely to the true content of the session, and improve the quality of his work.

Reporting

Each Focus Group session has a person assigned to report on the group discussion. The reporter is responsible for writing accurate and detailed notes about the group. The reporter usually sits outside the circle of the group so as not to disturb the discussion, but tries to sit where it is possible to observe the facial expressions of most participants. The reporter takes notes throughout the session, and may be responsible for taping the session if a recorder is used. The reporter also helps the moderator to analyse the data and write the final report.

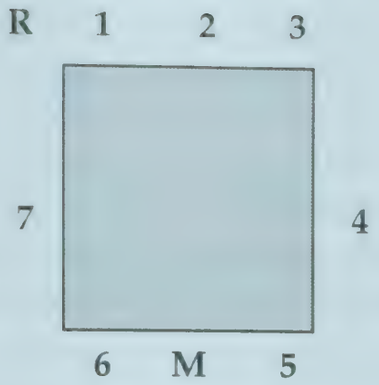
Main Tasks of the Reporter—

- ❒ Sits outside the group, but tries to see participants' faces
- ❒ Does not distract the group
- ❒ Writes down major questions and identifies respondents
- ❒ Notes non-verbal responses (laughter, anger, confusion, excitement)
- ❒ Tape records the session (optional but recommended)
- ❒ Works with the moderator to report the study findings

The reporter should take careful notes on everything that is said during the discussion, and who said it. The reporter should also note when the participants respond enthusiastically to an idea and when they do not. The reporter can also record important clues from the way people speak or hold their bodies. For example, people may talk excitedly, or may appear uncomfortable or nervous. Sometimes it is worth noting when people fall silent, or fail to respond to a question.

You may want to make a list of symbols to guide you in writing parts of the audio tape. For example, put all nonverbal descriptions between parentheses ( ) or brackets [ ], and use a $ or ellipses (...) when the tape cannot be understood or when notes are incomplete.

Making a seating diagram will help the reporter identify who is speaking. Write down names and numbers for all participants, as shown below, and show where they sit around the table. Then refer to each speaker in the notes by number or letter.



1. Jessica
2. Anne
3. Angela
4. Joyce
5. Mary
6. Nazrat
7. Sarah

M. Moderator
R. Reporter

We recommend that a tape recorder be used to record the session, if possible. The tapes are very useful for clarifying confusing notes from the session, for capturing details, and for recording precise quotes for the report. Tape recorders should not be used when resources are short, or people in the group are very distracted by the tape recorder.

You can use three methods to report on the group discussion.

Expand the reporter's notes using the tapes

This is the method we recommend that you use. As soon as possible after a group session, the reporter listens to the tapes and uses them to expand the notes. The tapes are used to clarify any confusion in the notes, and to make sure that all the important points have been covered.

This method is easiest, and is especially recommended when resources are scarce, or when the results of the study are needed rapidly. Experience is needed to make sure that important statements are taken down word by word from the tape.

The disadvantages of this method are that some detail is lost, and the results can be biased by the reporter's interpretation of what was important. To reduce this possibility, the moderator should review the reporter's description of the discussion. In addition, the tapes can be used by the moderator or someone else to verify the reporter's description.

Use the reporter's notes only

The reporter takes notes on the session. Immediately after the session, the reporter reads his notes. He adds any detail that was left out that will be important in analysing the results of the Focus Group.

It is sometimes useful to have more than one person taking notes, especially when people are learning how to do this. After the session, the reporters can meet to compare their notes, and agree upon one set.

This method is useful when time and money are very short, and when people are extremely uncomfortable with the tape recorder. Results are available rapidly. However, this method works better when the subject matter being explored is relatively simple (for example, getting people's reactions to a new package for condoms).

The disadvantages of this method are that detail is lost, the results can be biased by the reporter's interpretation, and it is difficult to verify what took place in the session. To increase the accuracy of notes where recording is not possible, two or three reporters can verify each other's observations.

Transcribe the complete discussion from the tape

After the session is over, the tapes are used to write down a word-for-word account of the session. The reporter's notes are used to provide non-verbal context, to determine the identify of the speaker, or to interpret the tapes when they are difficult to understand.

This method is useful when the subject matter being explored is complex or sensitive, and when the purpose of the group is to explore people's attitudes and behaviour in depth. Under these conditions it can be very important to have a written record of people's exact words.

Transcribing tapes has a few important disadvantages: it is time consuming and therefore more costly, and tape recorders fail to work sometimes. It is never wise to rely only on tapes to record a session. Transcribing tapes should be undertaken only if secretaries or other people are available who have done it before. Otherwise it can take as long as fourteen hours for an inexperienced person to transcribe a two-hour tape accurately! Even experienced transcribers need four to five hours to transcribe a two-hour tape.

Analysing the results of each Focus Group

Reducing long, complex interviews into a brief, meaningful report can be challenging. But this is the critical part of the focus group process. You developed question guides for focus groups which started with general information and moved toward specific questions. Now to analyse what happened you must start with your original questions,

make conclusions about which statements represent the views of most or few of the participants, and decide which answers are worth reporting word-for-word. You then make a focused report which captures the essence of what took place during the group.

It is very important that this analysis of the group results be done as soon as possible after the group has ended. Otherwise the overall feeling, as well as important details, will be forgotten.

We recommend two methods for organizing raw data from Focus Groups:

Classify responses under question headings

The reporter writes each of the moderator's questions at the top of a piece of paper. As the reporter reads his notes from the session, he records each different response to a question on the appropriate piece of paper. He also includes direct quotes that reveal the participants' perspectives. The reporter reads the actual group interviews and his tally of responses before writing a brief summary.

This method is very useful in organizing long discussions into summary statements. But remember that the context of the discussion provides a lot of information. Pulling comments out of context is fine so long as you familiarize yourself with the actual discussion to avoid making mistakes in interpretation.

10. Classifying Responses under Question Headings: An example based on box 8 (page 38)

Question: **How do you like the outpatient clinic for people with AIDS?**

Many people said they did not like the clinic.
Several people mentioned waiting time at the clinic:

"By the time I get there (the clinic) the line is already out to the road. When I finally reach the desk, a Sister takes my name and tells me to get in another line to see the doctor. The doctor only talks to me for a minute, then he sends me to the pharmacy where I also have to wait to get my medications."

Mark the notes or transcript

The reporter marks all the responses that the participants made to a particular question with the same colour pencil, symbol, number or letter. The reporter reads all the answers given to a particular question and studies them before writing a few summary statements.

The disadvantage of this method is that it relies on the ability of the reporter to hold a lot of material in his mind at one time. With practice, reporters can become very good at summarizing the trends in the participants' responses in a few sentences.

Writing the report

Once you have written short summaries of the participants' responses, writing the report only requires that you include enough additional information so that the readers can understand the group process. The style and content of the report should be geared to the people who are most likely to use it. Have your readers in mind as you write. Keep the report as short as possible while still providing the required information.

Write a summary of contents and recommendations (an "executive summary")

Write a one or two-page summary of your findings. Put this at the front of the report.

Do not make the mistake of assuming that everyone who looks at your report has enough time to read all of it, or is as interested in the details as you are. Some of these "quick readers" are the people who are most likely to need focus group results for their work.

Remind the reader that your results do not come from surveys

Your readers may be unfamiliar with qualitative studies so remind them that the results describe people's attitudes and beliefs. Remind your readers that the results do not necessarily show how common these attitudes and beliefs are in the general population.

Describe the participants

Include information on the participants, and on the composition of the various groups in your report.

For Example:

"We interviewed women who take care of a relative with AIDS in their home. The women were identified by village health workers in South District. The women ranged in age from 15 to 60 years. We interviewed 7 groups of women of different ages, including: 2 groups of women 15-25 years old; 3 groups of women 26 to 40; and 2 groups of women 41 to 60."

Summarize the interviews accurately, but briefly

Your summary report does not have to be written in the order in which the questions were asked. The order of your report should be determined by the data and by the audience. Start by summarizing the major findings, and end with points that will be of less interest to the reader.

11. An Example of a Final Report from six Focus Groups with persons taking care of AIDS patients

The caregivers provided mixed responses on whether home care was better than hospitalization. Primary nursing care (bathing, feeding, providing medicines) were the main responsibilities of the family members at home. These are partially taken over by the hospital staff when the relative is admitted and this reduces the care burden on the family. At the hospital, it appears that many patients are receiving "home medicine" in addition to hospital medicine. Caregivers reported that providing this "home medicine" is much easier when the patient is at home.

> "At home we bathe the patient, we have more 'home medicine' to give to the patient, we make her happy."

Many participants in the focus groups also saw disadvantages to keeping patients at home:

> "It is not good to keep the patient at home because you have got nothing for pain relief. You can only apply hot compresses or you can cook 'home medicine' for the patient but that does not cure him."

> "If the patient has an infectious disease, all the carers at home can catch it."

Include quotes

Include quotes that help the readers understand the participants' points of view, or that express the feeling of the group discussion. Quotes can also be used to show what words participants use to express themselves.

Report anything that could have affected the results of your investigation

Sometimes unexpected things happen that can influence the findings of a study. Report anything that happens that you think had a large effect on the interviewing process, for example:

> "A large, noisy group of schoolchildren gathered outside the window of the room. The discussion was interrupted until older children were assigned to monitor the windows."
>
> "One participant turned out to be the Chairman of an important local political group. Other people listened carefully when he spoke."

12. An Example of using Quotes in a Final Report

The focus groups added valuable information about the needs of the people and the uses of the community/home care programme. Again and again, the basic necessities of life were stressed as most important by the participants.

> "In the first place that person [*home care worker*] should give us food."
>
> "If I work then we eat well and there is enough food for my wife and children. We buy our food with the money I earn, because I don't have enough fields. I have enough money now which I receive from the company. But if they stop paying me this week then I will be in problems. I have heard that they want to stop paying me this week because I am here in the hospital."

Some participants thought the home care programme would be associated with the hospital and would be able to provide medicine and advice.

> "She should advise us how to live with this disease and how we can stay with our friends without spreading the disease to them."

Include a copy of the moderator's questions

Include a copy of the moderator's questions at the end of the report for those readers who want more information.

Evaluate Focus Group moderators and reporters

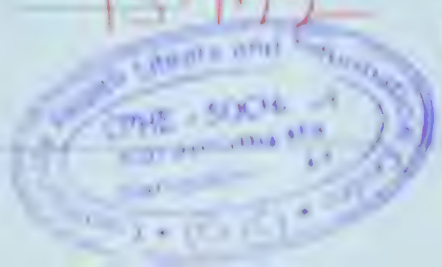
Appendix A of this manual contains a brief sample of a focus group evaluation form. This form can be used in the focus group process to evaluate the skills of moderators and reporters. The person responsible for organizing the groups should fill out the form after reviewing some sample tapes and the reporter's notes. The evaluation can then be discussed with the moderator and the reporter to help them improve their skills and the quality of their results.

Summary

Focus Groups contribute to a needs assessment process by providing a structured setting in which to observe attitudes, opinions and beliefs. Information gained in Focus Group discussions can contribute to understanding the situation of people with AIDS and their families. They can also generate ideas for interventions designed to assist people with AIDS.

Focus Groups bring people together in small groups to discuss a carefully selected topic. A moderator guides the discussion through a series of questions. These questions are designed to get detailed information about the topic. A reporter writes down people's responses to the moderator's questions. A written report summarizes people's responses to these questions.

Focus Group data can help you understand people's perspectives and motivations. They enable you to design programmes to fit local requirements. This can promote the participation and commitment of people to programme activities. Focus Group interviews provide in-depth qualitative information with a relatively low investment of time and money. Data from Focus Groups can be used together with data from monitoring and evaluation activities to better understand the people affected by the AIDS epidemic.



Ranking Groups

Ranking Groups: An Introduction

Needs assessment activities involve local people and technical experts in identifying problems, and finding resources that can be mobilized towards solving them. Involving a range of people has several advantages. First, different points of view are represented. Second, people who are affected by the problem participate, from the beginning, in finding solutions. This can encourage their longer-term commitment to activities resulting from the needs assessment. However, once a needs assessment has been conducted, programme planners are too often left alone to decide which problems should be acted upon.

Ranking Groups, also called "nominal groups" or "weighted group judgements", provide useful information to guide these decisions because they involve members of the target group and resource people in identifying and ranking their most pressing problems and most important resources.

Ranking Groups provide a structured setting in which group participants list different aspects of a problem, and vote to select and rank the most important items on the list. For example, people with AIDS can be asked to develop a list of the most difficult problems they have in getting help for their illness outside their family. The problems would be ranked by the persons with AIDS in the order of their importance.

Using Ranking Group methods, you can produce:

- a list of the group's needs or resources, ranked in the order of their importance.
- a discussion of the various items listed, and of the ranking itself.

You can use Ranking Groups in two situations. First, you can use them to assess the needs of a specific population that can be targeted for an intervention, for example, people with AIDS. Second, you can

use them to assess the resources available from people from different backgrounds who might help you to develop a set of activities.

Ranking Groups with people who have specific needs

Choose a homogeneous group of people to represent the opinions of a part of the community that is informed about some aspect of the problem under investigation. The members of the group are similar to each other with regard to certain qualities that influence their knowledge of the problem, for example, age, sex, occupation, or wealth.

This type of session is useful for assessing the needs of a target group experiencing particular problems (for example, a group of people with AIDS who attend outpatient clinics, or a group of nurses who care for people with AIDS in outpatient clinics). Several groups should be held with different sectors of the population. The results from these different groups can indicate the range of perspectives in the community.

Example of a Ranking Group for a homogenous population with needs—

Problem: To define the needs of nurses who work with AIDS patients in an outpatient clinic (including training, equipment, staffing and scheduling needs).

Participants: Six nurses who work with people who have AIDS in outpatient clinics. The nurses have similar levels of training, and similar status in the hospital organization.

Results: A list of the top ten problems that affect the ability of nurses to work with people that have AIDS. The problems are ranked by the nurses from greatest to least importance.

Ranking Groups with people who have resources

You bring together 5-6 people who work with the problem, or who have access to resources that could be involved in solving the problem. The participants should not be similar to each other,

but should be willing to have their opinions ranked with those of other participants. Each participant should bring a different set of skills or area of knowledge about resources in the community.

This type of session is especially useful in identifying solutions to problems. People from various occupations or positions in the community are brought together to develop a set of activities that would have a positive effect on the problem.

Example of a Ranking Group for people who have resources—

Problem: To define activities that community members can undertake to help women who take care of people with AIDS in their home.

Participants: Five resource people from the community: a village political leader; a community health worker; a public health nurse; a representative from a local women's committee; a local leader of a church group.

Results: A list of activities that could be undertaken by community members to help women care givers. The activities are ranked by the participants in the order of their importance to the group as a whole.

A description of the Ranking Group process

Ranking Groups provide a structured setting in which group participants define problems in their community (or possible solutions). Participants are given a question to think about. They are asked to list their ideas on a piece of paper. The participants sit in silence for a period of 5 to 10 minutes (depending on the difficulty of the problem) and write down their ideas.

After the participants have finished writing their lists, the group leader goes around the circle, one by one, and asks each participant to read an item from his or her list. Participants are also encouraged to add items to their list that occur to them while listening to the other participants' ideas. The group leader continues to go around the room until the participant's lists are finished. The group leader lists all the items on a blackboard or on large sheets of paper pinned to a board and placed at the front of the meeting room. Make sure all participants can read the lists clearly.

It is then important to evaluate the list of items to make sure that similar points are not repeated. If possible, it is worthwhile asking the whole group to discuss how to eliminate or to group particular items. It is also important to check that all group members have clearly understood what each item means.

During the next part of the session, the group participants are asked to select the five most important points from the list in the front of the room. The participants are given 5 index cards on which to write their top five choices. The votes from the participants are tallied by the group leader in the front of the group. After the results are tallied, the individual items are discussed briefly to resolve any confusion about the meaning of the individual items. By the end of the session, the group has produced a list of items that are ranked in order of importance.

Advantages and limitations

Ranking Groups have several advantages. First, the silent session gives people the opportunity to think through the problem on their own. The presence of other people in the room, who are also working, forces the participants to concentrate on writing their own list. The ideas developed by the participants during the silent session are listed one-by-one in the front of the room, giving equal importance to all the ideas offered by the group. This process encourages creativity, and makes it possible for people of different economic status, level of education, or occupation to participate on equal terms.

Secondly, Ranking Group methods help people to work together in an organized fashion. During the voting process, the group participants are forced to make decisions and choose between their competing interests. Rather than expecting the group to reach an agreement, the individual items are voted upon to produce a list of options ranked in the order of their importance. Discussion of the final list provides some information to better explain how and why certain problems or solutions were given a high rank by the group.

Ranking Groups also have several practical advantages. First, they can be conducted rapidly (approximately one-and-a-half hours per group session) and at relatively low cost. Highly trained personnel are not required. People from a wide range of educational backgrounds can learn to be group leaders or reporters in a few days of training or private study. No complex methods or tools of analysis are required.

Finally, Ranking Groups provide quantitative needs assessment data. The ranked priorities of the group are easily understood by managers, and can be applied easily in programme planning.

There are also several limitations to Ranking Group techniques. As with Focus Groups, participants are not selected on a random basis from the community, and therefore the findings do not represent the opinions of the population. The findings represent the opinions of the people that were selected to attend the session. Group participants must therefore be chosen carefully to include a range of viewpoints. The session requires a strong group leader who can get people to follow the rules of the group process and can keep the participants focused on their tasks.

Ranking Groups

Advantages

- ❒ Small sample (5-6 people)
- ❒ Inexpensive
- ❒ Rapid
- ❒ Group leader requires only a few days of study and practice
- ❒ Produces a ranked list of responses
- ❒ Can be used with surveys to gain a better understanding of the problem

Limitations

- ❒ Non-representative sample
- ❒ Groups can be difficult to form
- ❒ Requires a strong group leader
- ❒ Results can be biased by the group leader's perspective
- ❒ Does not produce detailed, qualitative data

How to use Ranking Groups in AIDS needs assessment activities

The following sections list some topics for Ranking Groups that can be held with members of target populations and groups of resource people.

Ranking Groups with people who have special needs

To collect information on the needs of home caregivers

Ranking Groups are held with women who take care of someone with AIDS in their home. The results of these sessions include a list of the most difficult problems that they have in caring for someone with AIDS at home, ranked in the order of importance. This information is used in selecting community-based interventions.

To collect information on the needs of health workers

Ranking Groups are held with nurses who work at a local hospital. The results of these sessions include a list of the most pressing problems that nurses encounter in their work with people with AIDS, ranked in the order of their importance. This information is used by managers in designing training programmes and administrative changes to assist nurses in their work.

To collect information on the needs of people with AIDS

A Ranking Group is held with a group of people who have AIDS and who come to the regional hospital to pick up medication on a given day. The results of this study include a list of the most pressing unmet needs of people with AIDS, ranked in the order of their importance. This information is used to plan outpatient services.

Ranking Groups with resource people from different backgrounds

To identify solutions to the problems that caregivers have in caring for people with AIDS at home

A Ranking Group is held comprising one social worker, one female village health worker, one male village health worker, one community health nurse, and one representative from a church group that helps AIDS patients and their families. The group is asked to produce a list of activities that address problems that were identified in a Ranking Group with home caregivers.

To improve the ability of nurses
to care for people with AIDS

A Ranking Group is held with a group comprising two hospital administrators, two head nurses, and two physicians. The results of this group include a list of activities (training activities, scheduling of responsibilities, supply distribution) that could be undertaken in the hospital using existing resources to improve the ability of nurses to work with people that have AIDS.

Making topics into topic questions

Ranking Groups are different from Focus Groups in that Ranking Groups are a strategy designed to answer one major question. If the question is too narrow the range of answers will be too restricted, and if the question is too broad there will be too many answers. Therefore you should spend some time on your Ranking Group question. It needs to be easily understandable, specific, and capable of leading to a ranked list of answers. Pretesting questions is especially important here. Some examples of ranking group topic questions follow:

Family caregivers—
On a day-to-day basis, what are the most difficult problems that you and your family have in taking care of someone with AIDS at home?

Nurses—
What are the most difficult problems that you have in taking care of people with AIDS?

A panel of technical people—
What activities could you undertake (using existing resources) to improve the quality of care that people with AIDS receive in the outpatient clinic?

EXERCISE 1
Identifying Topics for Ranking Groups

Write a short list below of topic questions for ranking which will help you to assess needs or evaluate programmes. Divide these into questions which should be explored among people with needs, and those which should be explored among people with resources. Write the questions as you would present them before a group. Discuss them with your colleagues, and pretest them.

Topic questions for ranking groups among people with needs:

_____

_____

_____

_____

_____

_____

_____

Topic questions for ranking groups among people with resources:

_____

_____

_____

_____

_____

_____

Preparing for Ranking Group sessions

Selecting participants

Only 5 to 6 people should participate in a Ranking Group session. The group is kept small in size because Ranking Groups are work groups where participants are given specific tasks to complete. It is generally a good idea to hold a series of Ranking Groups that capture different opinions in the population. If the purpose is to learn about the needs of caregivers, several groups should be held with women from households in different regions of the city that are of higher and lower social status. When the purpose is to learn from resource people, it may not be possible to put together more than a few groups. One or two groups will provide some useful information, but the quality will improve as the opinions of a wider range of resource people are included.

A **population with special needs** is a group of people experiencing a problem(s) that can become the focus for programme activities to promote change. The purpose of a Ranking Group with a population with special needs is to define important problems in the group, and to work out which ones can be positively influenced.

EXAMPLES OF TARGET POPULATIONS WITH NEEDS

People with AIDS
Home caregivers
Nurses
Medical assistants
Social workers
Physicians
Laboratory technicians

All people selected for the group session should work directly with people who have AIDS. Sometimes it is useful to set selection criteria so that only people who spend at least one-tenth of their time (at least one in ten patients) working with people who have AIDS are included in the session.

For a Ranking Group comprising people with needs, the group leader must be able to identify 5 or 6 people who are similar with respect to factors that might influence their knowledge of the problem. Often, group members will be of similar age, sex or economic status.

Resource people are individuals who, through their work, have access to resources which can be used to help people with AIDS or their families. There are various categories of resource people—

- ❒ health professionals providing help directly to people with AIDS—the resources they offer are their knowledge, experience and professional skills.
- ❒ health or social service administrators, and NGO administrators—they offer resources in terms of their responsibility for allocating financial and other resources within health or social services, or NGOs, and in terms of organizing the services that are provided.
- ❒ politicians, local leaders—they offer resources in terms of their influence in policy making and the allocation of financial resources.

At the beginning of the assessment process you should make a list of all organizations that work with people who have AIDS. A variety of people from this list should be contacted. A group of 5 or 6 resource people from different organizations and perspectives should be gathered together for a Ranking Group session.

The selection of resource people will depend on the objectives of the investigation. If the objective is to generate solutions to problems, people who have control over different sources of money, human and material resources should be invited because they will be responsible for any decisions that are taken relating to solutions identified.

EXAMPLES OF PEOPLE WITH RESOURCES

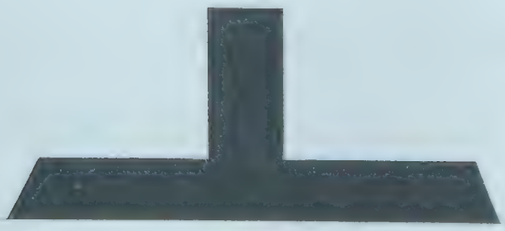
Health workers
Medical professionals
Health care administrators
Village chiefs
Leaders from church groups
Leaders from social work organizations
Government officials
Political party leaders
Representatives of nongovernmental organizations

Organization and invitations

Once the participants are selected, a time and place should be arranged for the group session. The room should be large enough to hold at least 8 people. Select a room in which the participants will not be disturbed. Make some arrangement so that people can write comfortably.

Gathering together a group of participants can be difficult. Make sure to leave yourself enough time to contact people in advance. Direct contact (door-to-door, or over the phone) is best. Sometimes this is impossible. In many cases, local resource people can help identify and contact participants.

Existing groups can be used if this makes it easier to gather 6 people together. For example, a Ranking Group could be held with women who volunteer as village health workers. Technical people can be contacted through **official sources**. For example, people who work for the ministry of health could be contacted through the district health office. People with AIDS and their caregivers may be harder to identify. **Local key informants** (local chiefs, social workers, village health workers, hospital counsellors) may be able to identify people with AIDS in their community, or ask them to participate in group discussions.



EXERCISE 2
Listing People with Resources

List below all organizations in your area that work with people who have AIDS. Include government, church, and private programmes. Think about groups providing health care, social services, education, or social support. Use this list to identify people who can be invited to participate in Ranking Groups.

Ranking Group sessions

Assemble the following materials before you start the session:

- ❒ large pieces of paper (or a blackboard)
- ❒ felt markers (or chalk and an eraser)
- ❒ writing paper
- ❒ pens or pencils
- ❒ adhesive tape
- ❒ index cards (5 for each participant)

It is useful to divide the Ranking Group process into eight steps. These steps provide the structure for the session. Your ranking groups will proceed more smoothly if you provide clear instructions to the participants and supervise the progress of the groups carefully.

Step 1. Welcome and statement of purpose

The purpose of Step 1 is to welcome the participants and present the major purpose of the group session in simple terms.

- ○ The group leader welcomes the participants, introduces himself or herself to the group, and has each participant introduce himself or herself.

- ○ The group leader describes the purpose of the group session, and writes the purpose down on the blackboard or on a large sheet of paper where it will be visible to all.

Example 1
The purpose of this session is to learn about the problems of people with AIDS and their families.

Example 2
The purpose of this session is to involve a variety of people from different backgrounds in generating ideas for programmes to help people with AIDS and their families.

Step 2. Silent period

The main purpose of Step 2 is to give participants the opportunity to think about the problem on their own, without talking to the other people in the group. This step allows a greater variety of ideas to be developed by the individual participants.

- The group leader poses a question to the group. The question is written in large letters on a piece of paper or blackboard at the front of the room.

- The group leader asks the participants to list their ideas on a piece of paper. Their responses should be short (only a few words). Tell the participants to work in silence.

- The group leader allows the silent period to continue for 5 to 10 minutes.

- There should be no questions and answers during this period because this will distract the other participants and perhaps bias their responses.

Step 3. Listing the responses of the participants

The main purpose of Step 3 is to provide a setting in which all members of the group participate equally in presenting their ideas. The list of ideas, when it is completed, represents the range of ideas in the group.

- The group leader goes around the room one-by-one and asks each member of the group for one idea from his or her list that the participant feels is important. The participants are asked not to comment on each other's ideas.

- The group leader writes each idea on a piece of paper at the front of the room and numbers it. If a blackboard is used, copy the list on a piece of paper for the group report.

- The participants are also asked for any other ideas that they may think of as they listen to the other participants' answers.

- The group leader continues to go around the room one-by-one asking for answers until everyone's list is finished.

Step 4. Discussing the list

The purpose of this step is to clarify the responses that were listed. Everyone in the room should have a clear idea of what each item on the list means. The group leader should see that any confusion is resolved.

- The group leader asks the people in the group if they have any questions or comments about the items listed.

- The group leader begins with the first item and continues down the list until it is completed.

- The discussion of each item should be brief. The group leader should try to prevent the group from getting into long discussions or arguments. Remind the participants that the purpose of this step is to make sure that everyone understands the items on the list.

Step 5. Ranking

The purpose of this step is to have the group participants vote to select the top-priority items on the list, and rank them.

- The participants are asked to select the five most important items on the list.

- The group leader gives each participant 5 index cards. The participants are instructed to write each item they select on a separate index card.

- The group leader asks the participants to rank the items they have chosen to write on the cards.

  Suggested method—Ask participants to select the most important card and put a number 5 at the top. Ask participants to select the least important card and write a number 1 at the top. Tell the participants to study the three remaining cards and write a 4 at the top of the most important card, and a 2 on the least important card. Write a 3 on the last remaining card.

  Alternative method—Ask participants to select the most important card and write a number 5 at the top. Tell them to put that card aside, and to select the most important card of the remaining 4. Write a number 4 on that card and put it aside. Tell them to pick the most important card of the remaining 3 and write a number 3 on that. Finally ask them to write the number 2 on the more important of the two remaining cards, and ask them to write a 1 on the remaining card.

- Tally the votes as in Box 13. Write the votes next to each item on the list. Total the sum of the votes. Rank the items from highest to lowest number of votes (for example, 25 votes equals rank number one). Items that received the same total number of votes should be given the same rank, and the next rank should be skipped.

13. An Example of a Ranked List of Responses

QUESTION: "How can you as community leaders assist families who take care of a relative with a chronic disease like AIDS in their home?"

Response	Votes	Total	Rank
By taking them to the hospital	5-5-4-1-5-5	25	1
By giving them food	4-2-2-4-4-2	18	2
By avoiding sex with people with AIDS	2-5-5-4	16	3
Don't share razor blade with the patient	2-1-4-3	10	4
By building a house for the patient	4-3-1	8	5
The patient should not sleep alone in the house	4-2-2	8	5
They should drink safe water	4-3	7	7
We should force the patient to eat	5-2	7	7
By washing their clothes and blankets	3-1-2-1	7	7
We should visit the relatives of the patient	3-3	6	10
Church elders should visit the patient	1-3-1-1	6	10
By washing the patient	3-1	4	12
The guardians should follow the advice of the hospital	3-1	4	12
By finding traditional medicine	4	4	12

Step 6. Discussing the ranked list

The purpose of this section is to allow people to voice some of their opinions, and to clear up any confusion about the votes.

1) The group leader posts the tallied list in the front of the room

- The group leader instructs the participants to discuss the ranking of the items.

- The group leader should make sure that participants discuss items that received a range of votes. For instance, assume (as in Box 13) that the response identified as "Don't share a razor blade with the patient" received votes ranging from high (4) to low (1) on the scale. The group leader should try to determine why the responses varied.

- Allow the session to continue as long as the participants are interested in discussing the ranking (about 10 minutes). For later use in the final report, write down comments which will convey the essence of the participants' reactions.

Step 7. Closing

Thank people for coming to the session. Tell them that the information they provided will be very useful.

Step 8. Analysis and write-up

Most of the analysis for a ranking group is done during the group itself. The write-up of the group should include details on the following topics—

- How participants were recruited.
- Who attended.
- Any outside events which may have influenced what took place during the group.
- The final ranked list.
- A summary of what the group said about the final list. (See Box 14 on the next page.) Emphasize points of agreement and points of disagreement.

14. An Example of a Report Combining the Results from the Ranking Group in box 13with three other Groups

Providing assistance with food was ranked very highly by three of the four groups. In the fourth group it was the first item mentioned after emotional support issues. Transportation assistance was the most important thing for one group.

Emotional support was mentioned by all the groups and was ranked first by one. Providing support to the family through visiting the sick was discussed at great length by all the groups.

> "If you visit the patient regularly, then the guardians say 'we are not alone, we have people to assist us' and that is why the guardians don't lose heart."

> "When we go to visit them we should not go with a sorrowful face, but we should tell them enjoyable stories about what has happened outside which they have not seen. Make them laugh so that they can forget their problems. Sometimes you will see that even the patient will smile, will laugh and will have forgotten his pain. But if you go with a sorrowful face, the patient will think that he won't get cured, that he will die. If you go there with a smile on your face, you encourage the patient so that he thinks he will get cured, even if we ourselves know that he won't get better."

The groups also realized how much the caregivers might appreciate a break from caring for their relative.

> "If a child is ill, we should assist the mother by visiting her and by taking the child on our own lap."

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Summary

Ranking Groups contribute to a needs assessment process because they provide an organized setting in which people can identify, select and rank their most pressing needs. When the same techniques are used with groups of people from different backgrounds and with different technical skills and areas of knowledge, Ranking Groups can be used to generate and rank activities that could be undertaken to solve those problems. Ranking Groups provide quantitative data that can be applied easily by programme planners.

The group setting also encourages maximum creativity from the participants. Each participant is asked to present his or her ideas one by one. Because the participants are not allowed to comment on each other's ideas as they are listed in the front of the room, the participants feel free to take risks in presenting their ideas. The voting process is structured to allow each member of the group an equal voice in selecting and ranking the most important problems and solutions on the list. This method permits people from different backgrounds to work together.

Ranking Groups can be an important part of efforts to identify the needs of people with AIDS and their families, and to generate solutions to problems. Ranking Groups can be used to learn about the needs and priorities of a wide range of groups, with literate and illiterate people, with health care providers and administrators. When used in combination with other methods of collecting information, Ranking Groups produce information that contributes to a broader view of problems and their possible solutions.

❖

Appendix A: Sample Focus Group Evaluation Form

Leader name:_____ Date of group:____/____/____

Recorder name:_____ Date of evaluation:___/___/____

Type of group and participants:_____

CIRCLE YES OR NO FOR EACH OF THE FOLLOWING QUESTIONS:

A. LEADER'S PERFORMANCE:

Quality of introduction to group:

Was the purpose of the group made clear?.....	YES	NO
Was confidentiality stressed?.....	YES	NO
Was the tape recorder explained?	YES	NO
Did the leader establish rapport ..... with the group?	YES	NO

Performance during group:

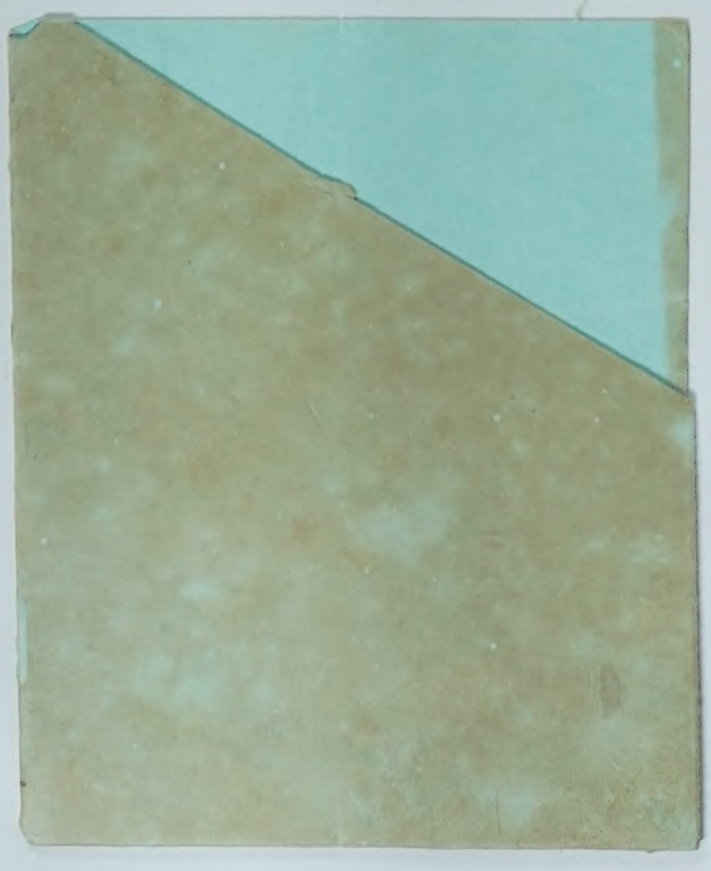
Did the leader use probes appropriately?.....	YES	NO
Were questions asked in a good sequence?.....	YES	NO
Were differences of opinion identified?.....	YES	NO
Did leader get detailed answers to questions?...	YES	NO

B. GROUP DYNAMICS

Was the group's conversation lively?	YES	NO
Was there occasional laughter?	YES	NO
Did everyone speak?	YES	NO
Did anyone dominate the conversation?	YES	NO
Did each topic get discussed in depth?	YES	NO

C. REPORTER'S PERFORMANCE:

Were notes taken throughout the group?	YES	NO
Were the reporter's notes understandable to readers who were not at the group?.....	YES	NO
Were the reporter's notes accurate when ..... compared to the recording/transcription?	YES	NO
Did the notes describe who was speaking?	YES	NO
Did the notes indicate when there were strong agreements or disagreements within the group?	YES	NO

NOTE ANY ADDITIONAL COMMENTS BELOW—

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